



# Department of Public Health and Human Services

Quality Assurance Division ♦ 2401 Colonial Drive, 2<sup>nd</sup> Floor ♦ Helena, MT 59620 ♦ fax: 444-1742

Greg Gianforte, Governor

Adam Meier, Director

Dear Prospective Out Patient Provider:

This letter is in response to your request for information on licensure and certification of an Out Patient Facility. There are two types of Out Patient licensures: Certified Ambulatory Surgical Centers and Licensed only Out Patient facilities for primary care services. If the proposed Out Patient facility requires certification, please contact the Certification Bureau to request a Certification New Provider Packet for Ambulatory Surgical Centers at:

Certification Bureau 2401 Colonial Drive, 2<sup>nd</sup> Floor PO Box 202953 Helena,  
Montana 59620-2953  
(406) 444-2099 FAX: 444-3456

**If the Out Patient facility is not being certified (Licensed only) please submit the following for licensure of the facility to the Licensure Bureau at the above address:**

- ☐ A completed License Application for Out Patient Facilities, with the appropriate fee.
- ☐ If construction is required, a Certificate of Occupancy issued by the local building codes authority.
- ☐ Report of facility fire inspection. Please refer to the State Fire Marshalls website at <https://dojmt.gov/enforcement/investigations-bureau/fire-prevention/>, and contact the Fire Marshal for your area to determine who will conduct your fire inspection.
- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability dated within the past year. Please contact your local County Health Department for assistance.
- ☐ A floor plan of the facility, which can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the patients.
- ☐ Policies and procedures, for review and approval. These must be submitted at least forty-five (45) days prior to expected opening date.
- ☐ Written verification by the installer that an electrical call system is functioning as designed and installed and that it rings into an area that is staffed twenty-four (24) hours, if applicable for the services being provided.

Upon submission and approval of **ALL** aforementioned information and documentation for an Out Patient facility, this Bureau will issue a six (6) month to 364 day provisional license. You may not accept patients into your facility until you are licensed.

A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the Out Patient regulations. This visit is also an opportunity for you and your staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

If you have further questions, or have questions during the licensure process, the main number for the Licensure Bureau is 406-444-2676.

Sincerely,

Carter Anderson  
Quality Assurance Division Administrator, DPHHS